

| CLAIMS ONLY | | | | | | Application Number <i>101799193</i> | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--|---|--------|-------|--------|
| | | | | | | Applicant(s) | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| | 1 | / | | | | | 51 | | | |
| | 2 | / | | | | | 52 | | | |
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| | 48 | | | | | | 98 | | | |
| 49 | | | | | | 99 | | | | |
| 50 | | | | | | 100 | | | | |
| Total Indep | 4 | | | | | Total Indep | | | | |
| Total Depend | 10 | | | | | Total Depend | | | | |
| Total Claims | 17 | | | | | Total Claims | | | | |